

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
 District of Holbrook
 Town of 9
 or
 City of No.

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 506
 County Registrar No. _____
 Local Registrar No. 11

2. Full name of child Helen Farr
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No., in order of birth _____
 6. Legitimate? yes
 7. Date of birth Mar - 17 1925
 Month day year

8. FATHER
 Full name Dewey Farr
 9. Residence (Usual place of abode) Holbrook
 If nonresident, give place and state ariz
 10. Color or race White
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) St Johns
 (State or country) Ariz.
 13. Occupation
 Nature of Industry Truckman

14. MOTHER
 Full maiden name Esther Brown
 15. Residence (Usual place of abode) Holbrook
 If nonresident, give place and state ariz
 16. Color or race White
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place) St Johns
 (State or country) Ariz.
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother { (a) Born alive and now living 3
 (b) Born alive but now dead 0
 (c) Stillborn 0
 (Taken as of time of birth of child herein certified and including this child.)
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a.m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from a supplemental report _____
 Month, day, year.

Signature J. N. Keywood
 Address Snodgrass Lake Ariz.
 (Physician or midwife)

Filed April 2 1925 John R. Wells
 Local Registrar.

Registrar.

Filed _____ 19____

County Registrar.

869-317-529

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.